


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006130
 1. Entity Name
 DIRECT GENERAL PREMIUM FINANCE COMPANY



Principal Place of Business: 1281 MURFREESBORO ROAD, 5-50 NASHVILLE, TN 37217
 Mailing Address: 1281 MURFREESBORO ROAD, 5-50 NASHVILLE, TN 37217

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1670784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, BRIAN G 2233 BLAIR BOULEVARD NASHVILLE, TN 37212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COLLINS, CONSTANCE A 8145 WELLS CROSSING WEST CHESTER, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHIRK, NORMA J 4853 BIG HORN DRIVE OLD HICKORY, TN 37138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, KIMBERLY M 154 JACKSONIAN DRIVE HERMITAGE, TN 37076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTER, WILLIAM J 8785 BIRCH PARK LANE GERMANTOWN, TN 38139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAGELY, J. TODD 740 GLEN OAKS DRIVE FRANKLIN, TN 37067

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norma J. Shirk Norma J. Shirk, Secretary 7/2/04 (615) 365-366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #